WHITE CORPORATION DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00180 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
STREET ADDRESS (If rural, give location) 220 HUMBIRD ST.

3. NAME OF DECEASED: (Type or Print) (First) MRS ELIZABETH (Middle) (Last) ALDERTON

4. DATE OF DEATH: (Month) AUG. (Day) 25 (Year) 19 52

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH: JULY 4, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Morgan County, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PETER WHISNER
14. MOTHER'S MAIDEN NAME: AMANDA L. STOTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: CUMBERLAND, MD. Memorial Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592X

		Interval Between Onset and Death
Immediate cause	(a) Uremic Coma	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Nephritis	—
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Art. Sclerotic C.V.D. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/51, 19....., to 8/25/52, 19....., that I last saw the deceased alive on 8/25/52, 19....., and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE R. Williams (DEGREE OR TITLE) MD. ADDRESS Cumberland Md DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 28, 1952
NAME OF CEMETERY OR CREMATORY Great Cacapon Cemetery
LOCATION (City, town, or county) Great Cacapon, (State) W. Va.
DATE REC'D BY LOCAL REG. Aug. 27, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR W. D. Parks, Berkeley Springs, ADDRESS W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 4 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08101

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND LENGTH OF STAY (in this place): 7/16/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Flintstone
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Annie (Middle) L. (Last) Beck

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/31/1883

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: Companion to

10b. KIND OF BUSINESS OR INDUSTRY: Mrs. Belle Robinette

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Beck

14. MOTHER'S MAIDEN NAME: Mazie Leasure

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis, — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis, — ?

DUE TO (c) Hypertension — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melancholia — ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1952, to Aug. 18, 1952 that I last saw the deceased alive on Aug. 16 1952 and that death occurred at 10.17 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED Aug. 19 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 21, 1952 NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery LOCATION (City, town, or county) Flintstone, (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 20, 1952 REGISTRAR'S SIGNATURE Minter R. Frantz, M.D.

24. FUNERAL DIRECTOR J.J. Hafer. ADDRESS Cumberland Md.

RECEIVED
8/26 1952
BUREAU V. S.

Item 18 Film G146 9-3-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH Dr J H Wolverton, Jr
2411 N. Charles Street, Baltimore 08102

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke
LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 216 Cromwell St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke
STREET ADDRESS (If rural, give location): 216 Cromwell St

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) CATHERINE (Last) BELL

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1902

9. AGE Last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Elk Graden, W. Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jerome Schillingburg

14. MOTHER'S MAIDEN NAME: Elizabeth Barnhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ivor Bell, 216 Cromwell St Luke, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 6 mo

153K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site: Descending colon.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 1.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James A Wolverton Jr MD — ADDRESS: Piedmont W. Va — DATE SIGNED: 8-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11 Aug 52 — NAME OF CEMETERY OR CREMATORY: St Thomas Cemetery — LOCATION (City, town, or county) (State): Keyser, Mineral, W. Va.

DATE REC'D BY LOCAL REG.: Aug 9, 1952 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: Ellsworth S. Boal — ADDRESS: 111 Church Street Westernport, Md.

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AUG 11
BUREAU V. S.

Item 18 Film G146 9-3-52 ams

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 2DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 101 INDEPENDENCE STREET

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) BOHON

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 20 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH: AUGUST 18, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months — Days 2; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARVIN PAUL BOHON

14. MOTHER'S MAIDEN NAME: FLORA E. WANDLESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Central nervous abnormalities

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Brain stem dysfunction resulting from either congenital defects or intracapular hemorrhage with the former most likely.

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

7531

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Aug 1952 to 20 Aug 1952, that I last saw the deceased alive on 19 Aug 1952 and that death occurred at 4:50 AMm., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Leland S. Ransom MD 63 Greene St Cumberland 21 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 22, 1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Memorial Cem — LOCATION (City, town, or county) (State): Near Cumberland Md

DATE REC'D BY LOCAL REG.: Aug. 22, 1952 — REGISTRAR'S SIGNATURE: Wintus R. Hantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight Cumberland, "

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AUG 26 1952
BUREAU V. S.

DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND,
LENGTH OF STAY (in this place): 32 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND,
STREET ADDRESS (If rural, give location): 1108 KENTUCKY AVENUE

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) BOYD

4. DATE OF DEATH: (Month) AUGUST (Day) 10 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JULY 27, 1884

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): ~~MEXICO~~ WHEELING, W.VA.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: WILLIAM H. BOYD

14. MOTHER'S MAIDEN NAME: LOUISE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 220-10-8855

17. INFORMANT & ADDRESS: Mrs. Foster Sechrist 1108 Kentucky Ave., Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

177X

Immediate cause (a) Carcinoma of prostate with pulmonary metastases. — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO (b)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-15-52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma prostate involves bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9-, 1952, to 8-10-, 1952, that I last saw the deceased alive on 8-9-, 1952, and that death occurred at 5:35 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Howard R. Tolson M.D. ADDRESS Cumberland Md. DATE SIGNED 8-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 13, 1952

NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. Aug 18 1952

REGISTRAR'S SIGNATURE Hunter R. Scott, M.D.

24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

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AUG 19 1952
BUREAU V. S.

Within corporate limits: DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08105

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: ~~ALLEGANY~~ Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KITZMILLER
STREET ADDRESS (If rural, give location): STAR ROUTE

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) C. (Last) BRAY

4. DATE OF DEATH: (Month) AUGUST (Day) 9 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED

8. DATE OF BIRTH: MARCH 13, 1880

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NORMAN B. BRAY

14. MOTHER'S MAIDEN NAME: SARAH ANN DIXON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: MEMORIAL Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Vascular Accident (Embolus)	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Auricular Fibrillation	? ? ?
	DUE TO (c)	Myocardial disease	
		Coronary Artery disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1952 to Aug 9, 1952 that I last saw the deceased alive on Aug 9, 1952 and that death occurred at 4:50 P.m., from the causes and on the date stated above.

SIGNATURE: Sumner Jacobson — (DEGREE OR TITLE) LD — ADDRESS: 50 Presbyt St Cent Mo — DATE SIGNED: 8/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 12, 1952 — NAME OF CEMETERY OR CREMATORY: Bray Cemetery — LOCATION (City, town, or county) (State): Kitzmiller, Maryland

DATE REC'D BY LOCAL REG.: Aug. 11, 1952 — REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D. — 24. FUNERAL DIRECTOR: O. F. Sharpless, Blaine, West Virginia — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
AUG 19 1952
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08106 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 200 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) W. M. (Last) BURTON

4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 10-17-1868

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Gas Station

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Burton

14. MOTHER'S MAIDEN NAME: Elizabeth McBride

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mollie Shaw, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arterio Sclerosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Several years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to Aug 2, 1952 that I last saw the deceased alive on Aug 2, 1952 and that death occurred at 11:45 P, from the causes and on the date stated above.

SIGNATURE W. O. McLane (Degree or title) M.D. ADDRESS Frostburg Md DATE SIGNED Aug 4 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-5-1952

NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8-5-52

REGISTRAR'S SIGNATURE Mrs Nancy H. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

RECEIVED
AUG 9 19
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0827

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cumberland
LENGTH OF STAY (in this place) 39
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 S Walnut Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 115 S. Walnut Place

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Rosella (Last) Carter

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11 1913

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Florence Coleman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None ?

17. INFORMANT & ADDRESS: Wm E Carter. Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X

Immediate cause (a) Carcinoma of cervix — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: less than one year.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/31 51

19b. MAJOR FINDINGS OF OPERATION: Dermoid cyst of ovary. Carcinoma of cervix.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 51, to August, 19 52 that I last saw the deceased alive on Aug. 26, 19 52, and that death occurred at 11⁰⁵ P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Cumberland Md 8-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 29 52

NAME OF CEMETERY OR CREMATORY Rose Hill Comp

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. Aug. 29, 1952

REGISTRAR'S SIGNATURE Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS Louis Stein Inc Cumberland

RECEIVED
SEP 4 1952
BUREAU V. S.

DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

C8108

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15. 8-51

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
STREET ADDRESS (If rural, give location): 420 GOETHE STREET

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) CHANEY

4. DATE OF DEATH: (Month) AUGUST (Day) 31 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 12 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE OWENS

14. MOTHER'S MAIDEN NAME: ELIZABETH KIRCHNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure	5 min's
4203 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) myocardial infarction, recent (and old)	9 days
	DUE TO (c) Hypertensive and arteriosclerotic Ht. Disease Rheumatoid Arthritis	3 years 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED ~~While at work~~ ☐ ~~Not while at work~~ ☐

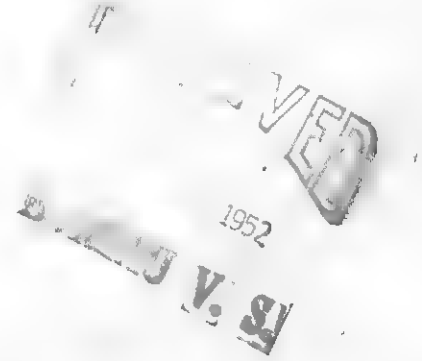
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to Aug 31, 1952, that I last saw the deceased alive on Aug 30, 1952, and that death occurred at 3:25 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David G. Weisman MD Cumberland Md Sept 2, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 3 '52 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cem — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Sept. 3, 1952 — REGISTRAR'S SIGNATURE: Walter R. Hartz, M.D. — 24. FUNERAL DIRECTOR, ADDRESS: Louis Stein Inc., Cumberland


1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Annotations

CERTIFICATE OF DEATH

Reg. Dist. No. 6899

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Frostburg
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 278 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 278 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) DRUSILLA (Last) CLOSE

4. DATE OF DEATH: (Month) Aug. (Day) 28, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 2-8-1874

9. AGE last birthday: IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 78 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Noah Baker

14. MOTHER'S MAIDEN NAME: Mary Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Arch Davis, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X Immediate cause (a) Adeno Carcinoma Gall Bladder DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 5 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/11/52

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the gall bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 , 19 52 to 8/28 , 19 52 , that I last saw the deceased alive on 8/28 , 19 52 , and that death occurred at 8:10 P.M. E.S.T. , from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED: 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-31-52

NAME OF CEMETERY OR CREMATORY: Eckhart Cemetery

LOCATION (City, town, or county) (State): Eckhart, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-31-52

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Doe

24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08110

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Corrigansville
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Corrigansville
STREET ADDRESS (If rural, give location) Home

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Raymond (Last) Conner
4. DATE OF DEATH (Month) Aug. (Day) 26 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec.17-1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track laborer
10b. KIND OF BUSINESS OR INDUSTRY W.Md.R.Ry
11. BIRTHPLACE (State or foreign country) Cumberland,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Thomas Conner
14. MOTHER'S MAIDEN NAME Martha Ellen Warnick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 712-11-1624
17. INFORMANT AND ADDRESS wife) Martha Conner.Corrigansville,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1 Immediate cause (a) Coronary occlusion due to — 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED Aug.26-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug.29,1952 NAME OF CEMETERY OR CREMATORY Mt. Savage Methodist LOCATION (City, town, or county) (State) Mt. Savage, Maryland

DATE REC'D BY LOCAL REG. Aug. 28, 1952 REGISTRAR'S SIGNATURE J. Lloyd Wolfe Ellerslie, Md. 24. FUNERAL DIRECTOR John J. Hafer, Cumberland ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 29
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08111

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN [redacted] Cumberland 2 miles

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

STREET ADDRESS (If rural, give location) 100 Braddock Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ralph	Leroy	Dolan	Aug	27	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	Jan 12 - 1923	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Radio Technician	Own Business	Virginia	U.S.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: Lena Dolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	218-12-5554	Mrs Leonard Dolan, 100 Braddock Rd. Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) congestive heart failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) rheumatic heart disease	years
	DUE TO (c) mitral insuff: aortic stenosis	

410 6

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from April 46, to 8/27/52, that I last saw the deceased alive on 8/27/52, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE Elizabeth Ortega M.D. (DEGREE OR TITLE) ADDRESS 55 Greene St. Cumberland, DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-30-1952	St. Michaels Cem.	Frostburg,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 30, 1952	Minter K. Hartz, M.D.	Jacob Hafer,	Frostburg, Md.

VS. A15 8-51

SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cumberland; MARYLAND LENGTH OF STAY (in this place): 3 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania; COUNTY: Bedford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Beans Cove; STREET ADDRESS (If rural give location): Route 2, Flintstone, Md ✓

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Donahoe

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 13 1917

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Porter

14. MOTHER'S MAIDEN NAME: Emma Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Eugene Donahoe Route 2, Flintstone, Md. Beans Cove, Penna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pyelonephritis — DUE TO

600.0 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 1 Month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 9:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph M. Broom M.D. Cumberland Md 8/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Aug 18 1952 NAME OF CEMETERY OR CREMATORY: Seven Dolors Cemetery LOCATION (City, town, or county): Beans Cove (State): Penna

DATE REC'D BY LOCAL REGISTRAR: Aug. 19, 1952 REGISTRAR'S SIGNATURE: Walter R. Dantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

VS: A45

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08113

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 miles east Westernport; MARYLAND; LENGTH OF STAY (in this place) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural; STREET ADDRESS (If rural, give location) 2miles east of Westernport

3. NAME OF DECEASED (Type or Print): (First) SYLVIA (Middle) DARLENE (Last) DUCKWORTH

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: ay 4, 1947

9. AGE last birthday: 5 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert A. Duckworth

14. MOTHER'S MAIDEN NAME: Sylvia E. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Robert Duckworth, Westernport Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Paralysis due to crushed from — at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cervical cord due to complete dislocation 4th and 5th cervical vertebrae.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Brush burns posterior part of neck

19a. DATE OF OPERATION: NOne

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home

(CITY OR TOWN) Westernport (COUNTY) Allegany (STATE) Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY 8/2/52 8:30a m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Climbing on fence, and fell off striking head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Deming, M.D. H. V. Deming M.D. Cumberland, Maryland Aug 2, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Florida; DATE THEREOF: Aug 5, 52; NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery; LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG.: Aug 5, 52; REGISTRAR'S SIGNATURE: Mrs Jon C Kelly

24. FUNERAL DIRECTOR: E. S. Bond; ADDRESS: Westernport Md

RECEIVED
7 1952
BUREAU V. S.

Dr. Simons

White — corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0114

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 85 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313 Central Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 313 Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) Marcellus (Middle) (Last) Edwards

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 6 1867

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ref. B & O. R R.

10b. KIND OF BUSINESS OR INDUSTRY: Porter -

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ? Edwards

14. MOTHER'S MAIDEN NAME: Belle Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-09-5212

17. INFORMANT & ADDRESS: Mrs. Eula Wells- Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) DUE TO: Hypertensive Cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George M. Simons M.D. Cumberland Md 8/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 28, 1952

NAME OF CEMETERY OR CREMATORY: Sumaca Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Aug. 28, 1952

REGISTRAR'S SIGNATURE: Walter K. Nash, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer. Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

AUG 29 1952
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 68116

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND LENGTH OF STAY (in this place): 11/13/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 11 Linden Street

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Bernadette (Last) Firlie

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): New Baltimore, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis M. Firlie

14. MOTHER'S MAIDEN NAME: Rose Ann Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hypostasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis DUE TO (c) Gen. Arteriosclerosis

Interval Between Onset And Death: (a) 3 days (b) ? (c) ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis. 9 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Aug. 6, 1952, that I last saw the deceased alive on Aug. 6, 1952, and that death occurred at 3.50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E. McLean M.D. ADDRESS 49 Greene St. DATE SIGNED Aug. 7th 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 8-9-1952 NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem. LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 9, 1952 REGISTRAR'S SIGNATURE: Winter R. Mantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

VS. A15

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1962
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8-AHS 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Greene St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 18 Greene St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Harry ---------- Fonner	Aug. 15, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Jan. 12, 1871	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Conductor	R.R. Co.	Grafton, W. Va.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Fonner	Ellen Trautman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
[redacted]		Mrs. Edith Fonner Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coron Athsk	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Heart Disease	
DUE TO		
	(c) Chronic Rheumatism	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan., 1952, to Aug 15, 1952, that I last saw the deceased alive on Aug 13, 1952 and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE J. Allan G. Brown M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED Aug 16-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-17-1952	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 16, 1952	Walter K. Hartz, M.D.	Charles L. George	Cumberland, Md.

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08117

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Allegany
   CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Cumberland
   MARYLAND LENGTH OF STAY (in this place): 7/30/52
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland
   COUNTY: Allegany
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Cumberland, Rural
   STREET ADDRESS (If rural give location): Rt. #2, Baltimore Pike

3. NAME OF DECEASED: (First) Mary (Middle) Jane (Last) Funk
   4. DATE OF DEATH: (Month) August (Day) 31, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 6, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Does None
11. BIRTHPLACE (State or foreign country): Edinburg, Scotland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Cummings
14. MOTHER'S MAIDEN NAME: Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
421.1 Immediate cause	(a) Chronic Myocarditis	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension	?
	DUE TO (c) Aortic Regurgitation	?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1952, to Aug. 31, 1952, that I last saw the deceased alive on Aug 31, 1952, and that death occurred at 1:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. McLean M.D.
ADDRESS: 49 Prospect St.
DATE SIGNED: Sept 2, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 9-3-1952
NAME OF CEMETERY OR CREMATORY: Attica Cem.
LOCATION (City, town, or county) (State): Attica, Ohio

DATE REC'D BY LOCAL REGISTRAR: Sept. 2, 1952
REGISTRAR'S SIGNATURE: Walter R. Hantz, M.D.
24. FUNERAL DIRECTOR: Charles L. George
ADDRESS: Cumberland, Md.

SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Pinto
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deatg at scene of accident

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 122 Johnson St .

3. NAME OF DECEASED (Type or Print) (First) Timothy (Middle) Michael (Last) Gilmore Jr.
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH July 9-1920
9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard at the Ballistics
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Thomas, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Timothy M.Gilmore Sr.
14. MOTHER'S MAIDEN NAME Grace Shafer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY No. 212-12-8444
17. INFORMANT AND ADDRESS Wife) Mrs. T.Gilmore, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-cranial hemorrhage due to a fractured

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull, also had punctured wound of nose. — At once

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 220 (CITY OR TOWN) near- Pinto (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug.31/52 4.52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Speeding. lost control and hit another automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED Aug.31-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3 Sept 52
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) Westernport, (State) Md.
DATE REC'D BY LOCAL REG. 9/2/52
REGISTRAR'S SIGNATURE M.A. Vincent
24. FUNERAL DIRECTOR ~~Westernport~~ E.S. Boal
ADDRESS Westernport Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 5
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Mo. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Naval Ammo Base, Patuxent River, Md. St. Louis, Mo.
STREET ADDRESS (If rural, give location): 5079 Claxton Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Curtis (Last) Goforth

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 17-1930

9. AGE last birthday: 22 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airman

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Gatesburg Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis Goforth (deceased)

14. MOTHER'S MAIDEN NAME: Julia Layton (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or date of service): 1952

16. SOCIAL SECURITY NO.: 496-30-2864

17. INFORMANT AND ADDRESS: cards in pocket & Claude M. McCleese, St. Louis, Mo.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracranial hemorrhage due to a fracture	about
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) of the skull.(basil)	1.1/2 hrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway

(CITY OR TOWN): near-Romney (COUNTY): Hampshire (STATE): W.Va.

TIME (Month) (Day) (Year) OF INJURY: Aug. 4/52 10.25 (Hour) P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Driving auto, hit guard rail & he was thrown out.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H.V.Deming M.D. H. V. Deming M.D.

(Degree or title)

ADDRESS: Cumberland, Md.

DATE SIGNED: Aug. 5-1952

23. BURIAL, CREMATION OR REMOVAL: Cremation

DATE THEREOF: Aug 6 1952

NAME OF CEMETERY OR CREMATORY: Jefferson Barracks National Cem.

LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Aug. 6, 1952

REGISTRAR'S SIGNATURE: Winter R. Mentz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, Md. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Maryland Avenue,	STREET ADDRESS (If rural, give location) 317 Maryland Avenue.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Heatley.				4. DATE OF DEATH (Month) August (Day) 17, (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Aug. 17, 1887.	9. AGE last birthday 65 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner.	10b. KIND OF BUSINESS OR INDUSTRY Coal Mines.		11. BIRTHPLACE (State or foreign country) North Umberland, England.	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Robert F. Heatley.			14. MOTHER'S MAIDEN NAME Dorothy Charlton.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service) W W-1.	16. SOCIAL SECURITY NO. 236-034-257		17. INFORMANT AND ADDRESS Mrs. Verna Green.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 Hours
Antecedent cause(s) 422.2	(b) Chronic Myocarditis and Myocardial Degeneration Not Specified as Rheumatic	Five Years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Bronchitis (Asthma)	Five Years

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1952, to Aug 17, 1952, that I last saw the deceased alive on Aug. 17, 1952, and that death occurred at 12:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul R. Wilson	M.D.	Piedmont, W.Va.	Aug. 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 8-20-52.	NAME OF CEMETERY OR CREMATORY Philos Cemetery,	LOCATION (City, town, or county) (State) Westernport, Alle. Md.
DATE REC'D BY LOCAL REG. Aug 20, 1952	REGISTRAR'S SIGNATURE Mrs Jean C. Kelly	24. FUNERAL DIRECTOR W Harold Fredlock Jr	ADDRESS Piedmont, West Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
AUG 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

06121

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANNA (Last) HENAGHAN

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-5-1892

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Textile Worker

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Plant

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward J. Wilderman

14. MOTHER'S MAIDEN NAME: Mary A. Lyons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-4233

17. INFORMANT & ADDRESS: Elmer Henaghan, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1

Immediate cause (a) Carcinoma of liver with

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastases to uterus

DUE TO

(c) and rt. ovary

Interval Between Onset And Death: 3 Months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25, 1952, to 8-27, 1952, that I last saw the deceased alive on 8-27, 1952, and that death occurred at 1:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) H. C. Diehl, M.D. ADDRESS Frostburg, Md. DATE SIGNED 8/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-29-52

NAME OF CEMETERY OR CREMATORY St. Michael's Cemetery

LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR 8-29-52

REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe

24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06224

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Cumberland
LENGTH OF STAY (in this place): 95 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 316 Piedmont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 316 Piedmont Ave.

3. NAME OF DECEASED: (First) CATHERINE (Middle) (Last) HESS

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-9-1856

9. AGE last birthday: 95 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Heier

14. MOTHER'S MAIDEN NAME: Catherine Heier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George E. Hess. Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause — (a) Coronary Thrombosis — DUE TO
420.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 27, 1952 to Aug 30, 1952, that I last saw the deceased alive on Aug 27, 1952, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Alex R. Jones (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 9/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Sept 2 52 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem — LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REG. Sept. 2, 1952 — REGISTRAR'S SIGNATURE Winter L. Lantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb'd Md

RECEIVED
SEP 4
BUREAU OF U. S.

Dr. Rothstein.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frostburg
LENGTH OF STAY (in this place) 8 Ehrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage.
STREET ADDRESS (If rural, give location) Foundry Row.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edsworth (Last) Hice

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 31, 1881

9. AGE last birthday 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY: W. Md. Railroad

11. BIRTHPLACE (State or foreign country): Mt. Savage Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adam Hice

14. MOTHER'S MAIDEN NAME: Margaret Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712-14-1502

17. INFORMANT & ADDRESS: Mrs Chas Burch, Mt Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Myocardial Insufficiency — due to Myocardial Infarction — Interval between onset and death: 2-3 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic Myocarditis — due to — 5 YEARS
(c)

4/22/12

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis of stomach and liver — 6 mos ??

151X

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — NONE — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1952, to 8/15, 1952, that I last saw the deceased alive on 8/15, 1952, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Nathan Rothstein M.D. — ADDRESS 48 Broadway - Frostburg — DATE SIGNED 8/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Aug 18, 1952 — NAME OF CEMETERY OR CREMATORY Mt Savage Meth Cem — LOCATION (City, town, or county) Mt Savage Md. — (State)

DATE REC'D BY LOCAL REG. 8-18-52 — REGISTRAR'S SIGNATURE Mrs Nancy N. Roe — 24. FUNERAL DIRECTOR John J. Hafer - Cumberland Md — ADDRESS

RECEIVED
AUG 20 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place): 50 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 118 Hanover St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 118 Hanover St.

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) F. (Last) Hinze

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Aug. 3-1863

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired cabinet maker

10b. KIND OF BUSINESS OR INDUSTRY: Furniture Own Shop

11. BIRTHPLACE (State or foreign country): Wandlitz, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Unknown unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: (son) Frank Hinze, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis (senility) — Interval between onset and death: gradual

4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Aug. 4-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 5 1952

NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Aug. 5, 1952

REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

RECEIVED
AUG 12 195
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05125

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 8/14/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 438 Seymour Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) R. (Last) House
4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 23, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tie Greater, Retired R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Magnolia, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. C. House
14. MOTHER'S MAIDEN NAME: Jane Ambrose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Pulmonary Hypostasis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	General Arteriosclerosis	?
	(c)	Cerebral Hemorrhage	?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1952, to Aug. 25, 1952, that I last saw the deceased alive on Aug. 25, 1952, and that death occurred at 6:15 a.m. from the causes and on the date stated above.
SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED 8-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 28, 1952 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Cumberland, Md. (State)
DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1952 REGISTRAR'S SIGNATURE Walter R. Fantz, M.D.
24. FUNERAL DIRECTOR James F. Scarpelli, ADDRESS " "

SEP 4

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cumberland

LENGTH OF STAY (in this place) 6 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Patrick	Henry	Hughes	August 12 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	widowed	Sept. 25, 1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Miner	Ret. Coal Mines	Wigia - Scotland	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hughes	Mary Ann Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No	214-01-3797	John Hughes. Son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Cancer of hepatic flexure — DUE TO — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) none — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
8-8-52	Cancer of hepatic flexure, carcinomatosis	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8-8- 19 52, to 8-12 19 52, that I last saw the deceased alive on 8-12, 19 52, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

8-13-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 14 1952	St. Ambrose Cath. Cem.	Cresaptown - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 14, 1952	Walter K. Frantz, M.D.	John J. Hafer - Cumberland, Md.	

1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05127

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) 9 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegan
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 60 Ormond St.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) JENKINS

4. DATE OF DEATH: (Month) Aug. (Day) 29, (Year) 19 52

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 6-17-1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Williams
14. MOTHER'S MAIDEN NAME: Mary Elias

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Wm. Walker, Frostburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 Mo
DUE TO Left Hemiplegia — 2 Mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Hypertension — ? ?

260X

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — ? ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 28, 1952, and that death occurred at 5:20 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. O. McLane M.D.
ADDRESS Frostburg Md
DATE SIGNED Aug 30 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-31-52
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR 8-31-52
REGISTRAR'S SIGNATURE Mrs Nancy N. Roe
24. FUNERAL DIRECTOR J. R. Durst, Frostburg, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Pinto
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS death at scene of accident.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piedmont
STREET ADDRESS (If rural, give location) 162 W.Fairview St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lee (Last) Kalbaugh
4. DATE OF DEATH (Month) Aug.31 (Day) (Year) 1952
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct.1-1923
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car repairman
10b. KIND OF BUSINESS OR INDUSTRY B&O.R.Ry.
11. BIRTHPLACE (State or foreign country) Westernport,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Earl Kalbaugh
14. MOTHER'S MAIDEN NAME Margaret Garvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY No. 217-14-4781
17. INFORMANT AND ADDRESS father) Earl Kalbaugh,Westernport,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock,due to intra-abdominal hemorrhage also retro-

4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) peritoneal hemorrhage due to a crushed pelvis and

(c) ruptured liver. At once.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 220 Highway
(CITY OR TOWN) near-Pinto (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) Aug.31/52 (Hour) 4.52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Speeding,lost control and hit another automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED Aug.31-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3 Sept 52
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) Western port (State) Md.
DATE REC'D BY LOCAL REG. 9/2/52
REGISTRAR'S SIGNATURE M.L. Hammond
24. FUNERAL DIRECTOR E.S. Baal ADDRESS Western port, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16A

1

RECEIVED
SEP 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Pinto
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Death at scene of accident

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 415 Hammond St.

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Glenn (Last) Kalbaugh
4. DATE OF DEATH (Month) Aug. (Day) 31 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Nov.14-1927
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Corp.Military Police
10b. KIND OF BUSINESS OR INDUSTRY U.S.Army
11. BIRTHPLACE (State or foreign country) Westernport,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Earl Kalbaugh
14. MOTHER'S MAIDEN NAME Margaret Garvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) now
16. SOCIAL SECURITY No. --
17. INFORMANT AND ADDRESS Father) Earl Kalbaugh, Westernport,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-cranial hemorrhage due to a fractured

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) skull,also had 2,3,4th.ribs rightside fractured

(c) laceration of scalp. At once

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 220 Highway
(CITY OR TOWN) near- Pinto (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug.31/52 4.52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Speeding,lost control and hit another automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland,Md. DATE SIGNED Aug.31-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3 Sept. 52
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) Westernport (State) Md.
DATE REC'D BY LOCAL REG. 9/2/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR E.S. Boal, ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

Within corporate limits

DR. JOHNSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) ONE DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 328 FAYETTE ST.,

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) J. (Last) LEWIS

4. DATE OF DEATH: (Month) AUG. (Day) 12 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: MAY 1 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Attorney
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard L. Lewis
14. MOTHER'S MAIDEN NAME: Catherine Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cor - Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: Four years

4 2 11 2

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - generalized — Two years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 8-12, 1952, that I last saw the deceased alive on 8-12, 1952, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE J. T. Johnson Jr. M.D. (DEGREE OR TITLE) ADDRESS Cumberland Md DATE SIGNED 8.12.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-14-1952
NAME OF CEMETERY OR CREMATORY HillCrest Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Aug. 14, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 140 Bowery Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg
STREET ADDRESS (If rural give location) 140 Bowery Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WILLIAM (Last) LEWIS

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 19 52

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-14-1915
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Spinner
10b. KIND OF BUSINESS OR INDUSTRY: Celanese Plant
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM HARRIMAN
14. MOTHER'S MAIDEN NAME: STELLA LEWIS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) W. War 2
16. SOCIAL SECURITY NO.: 214-07-4501
17. INFORMANT & ADDRESS: Mrs. Wm. Lewis, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
443X Immediate cause	(a) DUE TO	Cerebral Embolus	5 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Cardio-vascular disease	5 yrs
	(c)	Malignant Hypertension	±10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1952, to 8/10, 1952, that I last saw the deceased alive on 8/10, 1952, and that death occurred at 4:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank T. Harrat M.D.
ADDRESS 59 E. Main St. Frostburg Md.
DATE SIGNED 8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-13-1952
NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.
DATE REC'D BY LOCAL REGISTRAR 8-13-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR J. R. Durst, ADDRESS Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B

RECEIVED
AUG 15
BUREAU V. S.

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 32 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROUTE #6 BOWLING GREEN
STREET ADDRESS (If rural, give location) Near Cumberland, Rural

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MRS LAURA PEARL MCDONALD

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 26, 1952 19

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APRIL 10, 1898
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Dept store
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JESSIE J. COOK
14. MOTHER'S MAIDEN NAME: ISABELL LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 103-07-3200
17. INFORMANT & ADDRESS: CUMBERLAND, MD. Chas. J. McDonald, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery occlusion ~~[illegible]~~ secondary one week
153X DUE TO hyperbenzine cardio vascular disease
Antecedent cause(s) (b) Inoperable Carcinoma, recurrent, of Aug-1950
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c) Colon with region lymphatic metastasis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 30 1952
19b. MAJOR FINDINGS OF OPERATION: Intestinal Obstruction Inoperable Ca of Colon
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 2:25P m., from the causes and on the date stated above.

SIGNATURE W M Faw Jr. (DEGREE OR TITLE) MD ADDRESS Cumberland Md DATE SIGNED Aug 26 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 8/29/1952 NAME OF CEMETERY OR CREMATORY Cook's Cemetery LOCATION (City, town, or county) Hyndman, Pa. RD 11 (State) Pa.

DATE REC'D BY LOCAL REG. Aug. 28, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Harvey H. Zeigler ADDRESS Hyndman, Pa.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland; LENGTH OF STAY (In this place): 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Joseph Rectory

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland; STREET ADDRESS (If rural, give location): St Joseph Rectory

3. NAME OF DECEASED (Type or Print): (First) Rev. (Middle) J (Last) McVeigh

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 5-1883

9. AGE last birthday: 68 yrs. If under 1 year: Months; If under 1 day: Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Priest

10b. KIND OF BUSINESS OR INDUSTRY: Preaching

11. BIRTHPLACE (State or foreign country): Clearfield Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh McVeigh

14. MOTHER'S MAIDEN NAME: Catherine Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) War I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: sister-Julia Mc Veigh, Midland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation, body burned & charred, lower — Interval Between Onset and Death: about

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) legs & forearms burned off. — 1/2 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home Rectory (CITY OR TOWN): Midland (COUNTY): Allegany (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 17/52 about 2 A. m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Rectory caught fire cause unknown, prehaps from cigarette

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H.V. Deming M.D. H.V. Deming M.D. (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED: Aug. 17-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug. 19 1952; NAME OF CEMETERY OR CREMATORY: Belvedere Cemetery; LOCATION (City, town, or county) (State): Midland, Md.

DATE REC'D BY LOCAL REG. 8-18-52; REGISTRAR'S SIGNATURE: Jeannette M. Beal

24. FUNERAL DIRECTOR: M. Eichhorn ADDRESS: Lonaconing, Md.

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AUG 27 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 5

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Pinto
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Death at scene of accident

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
STREET ADDRESS (If rural, give location) 210 Wood St.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Allen (Last) Michael
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31-31 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH March-17-1927
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewart at the Potomac Club.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Westernport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas B. Michael
14. MOTHER'S MAIDEN NAME Annie Cline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY No. 212-24-0378
17. INFORMANT AND ADDRESS Brother) Clyde Michael, Westernport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra-cranial hemorrhage due to a fracture at the

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) base of skull and abdominal hemorrhage due to

(c) a crushed pelvis. At once.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 220
(CITY OR TOWN) near-Pinto (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 31/52 4.52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Speeding, lost control and hit another automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V. Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED Aug. 31-1952

23. BURIAL, CREMATION OR MOVAL (Specify) Burial 2 DATE THEREOF 3 Sept 52 NAME OF CEMETERY OR CREMATORY Philos Cemetery LOCATION (City, town, or county) Westernport (State) Md.

DATE RECD BY LOCAL REG. 9/2/52 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR E. S. Beal, Westernport, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-415A

RECEIVED
SEP 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

135

Reg. Dist. No. ..... 5 .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Pinto; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Death at scene of accident

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; STREET ADDRESS (If rural, give location) 215 Hammond St.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Daniel (Last) Moran

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 23-1927

9. AGE last birthday: 25 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Moran Trucking Co.

10b. KIND OF BUSINESS OR INDUSTRY: General trucking

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward S. Moran

14. MOTHER'S MAIDEN NAME: Sarah Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: brother) Chas. Moran, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra-abdominal hemorrhage due to a crushed — Interval Between Onset and Death: At once.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pelvis, ruptured liver also lower jaw was

(c) fractured.

X-ray 4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): near-Pinto (COUNTY): Allegany (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Aug. 31/52 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Speeding, lost control and hit another automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H.V. Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Aug. 31-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Sept 2 52; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Westernport, Md.

DATE RECD. BY LOCAL REG.: 9/2/52; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: E.S. Beal, Westernport, Md. ADDRESS

RECEIVED
SEP 5
BUREAU V. S.

Within corporate limits

DR. MIRKIN.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4/8

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND MD.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.

LENGTH OF STAY (in this place) 62 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING, MD.

STREET ADDRESS (If rural, give location) 80 DOUGLAS AVE.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) S. (Last) MORTON

4. DATE OF DEATH: (Month) AUG (Day) 1 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: DEC. 18, 1885

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired MINER

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): MARYLAND Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW MORTON

14. MOTHER'S MAIDEN NAME: MARGARET TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 166-09-4196

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 756.2

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Liver failure	4-6 wks
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Biliary fistula	7-8 mo.
DUE TO		
	(c) Congenital atresia & Cholangitis c complete stricture of common duct	? 1 yr.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 10-25-51

19b. MAJOR FINDINGS OF OPERATION: Common duct Stricture 1" long.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25, 1951, to 8-1, 1952, that I last saw the deceased alive on 8/1, 1952, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A Mirkin MD Cumberland Md 8/4/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Aug. 4, 1952

NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery

LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REG. Aug. 4, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR M. Eichhorn, Lonaconing.

ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

AUG 12 1952
BUREAU V. S.

DR. VAN ORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md. — LENGTH OF STAY (in this place) 74 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.

STREET ADDRESS (If rural, give location) 5 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) M. (Last) Murphy

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Widowed	April 8, 1878	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Worker	Own Home	Cumberland, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Dreyer	Elizabeth Keiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No #	Miss Anna Murphy 5 Virginia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro - vascular accident	2 months
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral Vascular Sclerosis, severe	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July, 1952, to Aug. 8, 1952, that I last saw the deceased alive on Aug. 7, 1952, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE Dr. Alfred Van Orme (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 10 Aug. 52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-11-52	St. Luke Cem	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 10, 1952	Winter R. Mantz, M.D.	James F. Scarpelli	Cumberland, Md.

VS. A15 8-51

RECEIVED
AUG 19 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08138

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 437 Willowbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 437 Willowbrook Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): Lewis Benjamin Nau
4. DATE OF DEATH: (Month) (Day) (Year): Aug. 26 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 25 July 1899
9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, not of retired): Pipefitters Helper
10b. KIND OF BUSINESS OR INDUSTRY: Celanese
11. BIRTHPLACE (State or foreign country): Piedmont Wa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Nau
14. MOTHER'S MAIDEN NAME: Sarah Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-8713
17. INFORMANT & ADDRESS: Son William (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis Generalized
DUE TO
1898 Antecedent cause(s) (b) Hypernephroma. Bilater
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hydrothorax. Left. - Abdominal Ascites

19a. DATE OF OPERATION: 22 July 52
19b. MAJOR FINDINGS OF OPERATION: Generalized Abdominal Carcinomatosis
20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July 1952, to 26 Aug 1952, that I last saw the deceased alive on 26 Aug., 1952 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: Fuller B. Whitworth — (DEGREE OR TITLE): MD — ADDRESS: 123 Bedford St. Cumb. Md — DATE SIGNED: 24 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.
DATE REC'D BY LOCAL REG.: Aug. 28, 1952 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 115 8-51

1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. P. R. Wilson

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
LENGTH OF STAY (In this place): 85 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cemetery Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): Cemetery Road

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) SMITH (Last) PAGENHARDT

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 30, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Westernport, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Pagenhardt

14. MOTHER'S MAIDEN NAME: Angeline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Lyda Pagenhardt, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not specified As-Rheumatic. — Interval Between Onset and Death: 2 Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1952, to Aug. 15, 1952, that I last saw the deceased alive on Aug. 11, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) M.D. ADDRESS: Piedmont, W. Va. DATE SIGNED: Aug. 16, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 17 Aug 1952
NAME OF CEMETERY OR CREMATORY: Philos Cemetery
LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: Aug 16, 1952
REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR, ADDRESS: E. S. Boal, Westernport, Maryland

AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 508 Bedford Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) M. (Last) Painter
4. DATE OF DEATH: (Month) Aug (Day) 5 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 6, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Janitor (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Rayon industry
11. BIRTHPLACE (State or foreign country): Hopewell, Pa.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: David Painter
14. MOTHER'S MAIDEN NAME: Martha Holmes
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish-American
16. SOCIAL SECURITY No.: 220 10 9224A
17. INFORMANT & ADDRESS: Pearl Painter, Cumb rland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Disease — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive C.V. Disease — Years

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to August 5, 1952 that I last saw the deceased alive on Aug 4, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE B. M. Schindler M.D. (Degree or title) ADDRESS 41 Grant St Cumberland Md DATE SIGNED Aug 8/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 7, 1952
NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park
LOCATION (City, town, or county) Cumberland, Md. (State)
DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR William H. Kight, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1
BUREAU V. S.

Dr. R. Williams -

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 08 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 209 Emily Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Tobias (Last) Parker

4. DATE OF DEATH: (Month) (Day) (Year) August 11 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 9, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired B. & O. R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Ret. Conductor. B. & O.
11. BIRTHPLACE (State or foreign country): Paw-Paw, W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Parker
14. MOTHER'S MAIDEN NAME: Margaret Strausbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Harry T. Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
DUE TO
Antecedent cause(s) (b) Arteriosclerosis — 10 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/52, 19....., to 8/11/52, 19....., that I last saw the deceased alive on 8/11/52, 19....., and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE: R. Williams (DEGREE OR TITLE) Mfr. ADDRESS Cumberland DATE SIGNED 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 14, 1952
NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery
LOCATION (City, town, or county) (State): Paw Paw. W.Va.

DATE REC'D BY LOCAL REG.: Aug. 14, 1952
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer - 230 Balt. Arc Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIS 8-51

RECEIVED
AUG 19
BUREAU V. S.

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND,

LENGTH OF STAY (in this place): 67

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: VINDEX

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) R. (Last) PAUGH

4. DATE OF DEATH: (Month) AUGUST (Day) 19, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JULY 17, 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND, Westernport

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES MAYHEW

14. MOTHER'S MAIDEN NAME: Mary -- Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 days
56/15	DUE TO Pulmonary Embolism & Infarction	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Possible Mesenteric Thrombosis	2 days
	DUE TO Strangulated hernia - spontaneous	
	(c) Colostomy	45 days?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Coronary artery disease - Recovery action?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1952, to 8/19, 1952, that I last saw the deceased alive on 8/19, 1952, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: 50 Pershing St Lunch Md — DATE SIGNED: 8/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 22/52 — NAME OF CEMETERY OR CREMATORY: Mt Zion Cem — LOCATION (City, town, or county) (State): Kitzmiller Md

DATE REC'D BY LOCAL REG.: Aug 22, 1952 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR: O. F. Sharpless — ADDRESS: Blaine Lo Co

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

4

US. A15 8-51

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Allegany / Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Frostburg — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Frostburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) (Last) Paul

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: May 19-1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clay miner

10b. KIND OF BUSINESS OR INDUSTRY: fire clay

11. BIRTHPLACE (State or foreign country): Greenville Township, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Paul

14. MOTHER'S MAIDEN NAME: Lena Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Irvin Paul, Rt 2 Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure due to — at once

422.2 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection _, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide _, homicide _, undetermined _.*

SIGNATURE: H. V. Downey M.D. (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED: 8-24-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-26-1952 | NAME OF CEMETERY OR CREMATORY: Greenville Cemetery | LOCATION (City, town, or county) (State): Greenville Twnship, Pa.

DATE REC'D BY LOCAL REG.: Aug 25-1952 | REGISTRAR'S SIGNATURE: Mrs Julius Michael (Nancy H Poe)

24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

VS. A16A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 27 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place): 25 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Cumberland Rural

STREET ADDRESS (If rural give location): Route 2, Williams Road

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Elizabeth		Pelican		Aug	23	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	April 5 1879	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kroll

14. MOTHER'S MAIDEN NAME: Barbary Reibling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		None	William Pelican, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized — 6 yrs

DUE TO

(c) Arteriosclerosis & Hypertension

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/51, to 8/23/52, that I last saw the deceased alive on 8/21/52, and that death occurred at 1am, from the causes and on the date stated above.

SIGNATURE: W. Williams M.D. (Degree or title)

ADDRESS: Cumberland, Md.

DATE SIGNED: 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 25 1952	Frostburg Memorial Park	Frostburg,	Maryland

DATE REC'D BY LOCAL REGISTRAR: Aug 25, 1952

REGISTRAR'S SIGNATURE: Wesley K. Stanley, M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md.

SEP 4 1952
BUREAU V. S.

DR.R.WILLIAMS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY: ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND — LENGTH OF STAY (in this place): 14DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND

STREET ADDRESS (If rural, give location): 436 CHESTNUT ST.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) L.PETERSON (Last)

4. DATE OF DEATH: (Month) (Day) (Year) AUG.27.1952 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 7/19/1886

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER,

10b. KIND OF BUSINESS OR INDUSTRY: ARTIFICIAL SILK CORP

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL PETERSON

14. MOTHER'S MAIDEN NAME: ELIZABETH BUCKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 220-10-0551

17. INFORMANT & ADDRESS: MARIE K. PETERSON, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Uremiac Coma — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

592X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Chronic Nephritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis & hypertension 5 yrs

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3/52, 19....., to 8/27/52, 19....., that I last saw the deceased alive on 8/27/52, 19....., and that death occurred at 3:50PM m., from the causes and on the date stated above.

SIGNATURE: R.R. Williams M.D. (DEGREE OR TITLE) ADDRESS: Cumberland — DATE SIGNED: 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 30 52 — NAME OF CEMETERY OR CREMATORY: St Lukes Cem — LOCATION (City, town, or county): Cumberland (State) Md

DATE REC'D BY LOCAL REG.: Aug. 29, 1952 — REGISTRAR'S SIGNATURE: Wrates R. Frantz, M.D. — **24. FUNERAL DIRECTOR:** Louis Stein Inc — ADDRESS: 11 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1

RECEIVED
SEP 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 144 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 144 W. Main St.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) PFAFF

4. DATE OF DEATH: (Month) Aug. (Day) 15, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 12-2-1877

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired night watchman

10b. KIND OF BUSINESS OR INDUSTRY: Filtration plant

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Pfaff

14. MOTHER'S MAIDEN NAME: Jennie Doran

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: James Minnick, Frostburg, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	1 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Cardiac disease	Years
	DUE TO (c) Pneumoconiosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 49, to 15 August 19 52, that I last saw the deceased alive on 15 Aug, 19 52, and that death occurred at 3:15 PM E.S.T. from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D. — ADDRESS: Frostburg, Md. — DATE SIGNED: 8/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-18-52 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-18-52 — REGISTRAR'S SIGNATURE: Dan Nancy N. Roe

24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

VS. A15

RECEIVED
AUG 20 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corrigansville
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corrigansville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) William (Last) Pownell

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 11 1876
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (State or foreign country): W Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. J Pownell.
14. MOTHER'S MAIDEN NAME: — Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Emily Dawson Pownell, Corrigansville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X Immediate cause (a) Uremia Poisoning — INTERVAL BETWEEN ONSET AND DEATH, 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic Nephritis — 2 years

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1952, to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952, and that death occurred at 10.30 a.m., from the causes and on the date stated above.

SIGNATURE F. Alan E. Newman (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED Aug 14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 14 52
NAME OF CEMETERY OR CREMATORY Ft Ashby Cem
LOCATION (City, town, or county) Ft Ashby (State) W Va

DATE REC'D BY LOCAL REG. Aug 14 1952
REGISTRAR'S SIGNATURE J Lloyd Wolfe
24. FUNERAL DIRECTOR Louis Stein Inc
ADDRESS Cumberland Md

Aug 15 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 20 1
BUREAU V

Dr. Murray

Please Sign.

Within corporate limits.

47 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 So. Mechanic St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural, give location) 20 So. Mechanic St.

3. NAME OF DECEASED: (Type or Print) (First) Ben (Middle) Albert (Last) Ritchey

4. DATE OF DEATH: (Month) 8- (Day) 17- (Year) 52 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1917

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transitman

10b. KIND OF BUSINESS OR INDUSTRY: Corp. Eng. U.S.A.

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Ritchey

14. MOTHER'S MAIDEN NAME: Hattie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War 2

16. SOCIAL SECURITY No.: 217-10-5894

17. INFORMANT & ADDRESS: Daisy Ritchey 20 So. Mechanic St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 151X

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 8 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/22/52

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach — Extensive

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland (COUNTY) Alleg (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/52, 19....., to 8/13/52, 19....., that I last saw the deceased alive on 8/13/52, 19....., and that death occurred at 3:45 PM m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Cumberland DATE SIGNED 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify): I DATE THEREOF 8-17-52 NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park LOCATION (City, town, or county) Cumberland, Md (State)

DATE REC'D BY LOCAL REG. Aug. 14, 1952 REGISTRAR'S SIGNATURE Winter R. Trantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md

AUG 19 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08149

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 30 Years
HOSPITAL OR INSTITUTION OF STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 313 LaVale Route, 6.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Perry (Last) Robosson

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 12 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Esso Gas Station

11. BIRTHPLACE (State or foreign country): Flintstone Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles T. Robosson

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-05-6102

17. INFORMANT & ADDRESS: Mrs, Emma Robosson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Chronic Nephritis with Uremia — Interval Between Onset And Death 2 years

592X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 50 to 8-19, 19 52, that I last saw the deceased alive on 8-18, 1952, and that death occurred at 8 25 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Johnson Jr. M.D. ADDRESS Cumberland, Md DATE SIGNED 8-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 22 1952

NAME OF CEMETERY OR CREMATORY Hill Crest Burial Park

LOCATION (City, town, or county) (State) Cumberland, Md

DATE REC'D BY LOCAL REGISTRAR Aug 22, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR William H. Kight, Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
AUG 26 195-
BUREAU V. S.

(Write corporate limits) OR VANORMER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY ALLEGANY — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CUMBERLAND

LENGTH OF STAY (in this place) 8 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY ALLEGANY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING,

STREET ADDRESS (If rural, give location) Castle Hill

3. NAME OF DECEASED: (Type or Print) (First) JACKSON (Middle) L. (Last) RYAN

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 3, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 2/16/1935

9. AGE last birthday: 17 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): MARYLAND Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: COLUMBUS RYAN

14. MOTHER'S MAIDEN NAME: HAZEL ~~SHRIVER~~ Schriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: CUMBERLAND MD. Memorial Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myeloid Leukemia — 5 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1952, to 3 Aug, 1952, that I last saw the deceased alive on 3 Aug, 1952, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Horne (DEGREE OR TITLE) ADDRESS Cumberland, Md. DATE SIGNED 4 Aug 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 6, 1952	Oak Hill Cemetery	Lonaconing, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 4, 1952	Dexter K. Hardy, M.D.	M. Eichhorn,	" "

VS. A15 8-51

RECEIVED
AUG 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 111 Decatur St.

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Andrew (Last) Shaffer
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 12-1890
9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service man at the Kelley-Springfield
10b. KIND OF BUSINESS OR INDUSTRY: Tire Co.
11. BIRTHPLACE (State or foreign country): Barbour Co. W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Coleman Shaffer
14. MOTHER'S MAIDEN NAME: Lucy Gauntz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-07-0203
17. INFORMANT AND ADDRESS: Wife) Mary E. Shaffer, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary occlusion	about 1 hour.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary sclerosis	?
(c)		

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland, Md Aug. 30-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept 1 1952
NAME OF CEMETERY OR CREMATORY: Union Memorial Burial Park
LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Sept. 1, 1952
REGISTRAR'S SIGNATURE: Walter A. Stantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. ADDRESS

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1957
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]151

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 4/28/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 216 Fulton Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Albert (Last) Smith

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8/13/1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Bookkeeper for B&O

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George C. Smith

14. MOTHER'S MAIDEN NAME: Margaret

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Hypostasis — Interval Between Onset And Death 72 hrs.

422.1 DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — ?

DUE TO

(c) General arteriosclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition. — 8 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Aug. 31, 1952 that I last saw the deceased alive on Aug. 30 1952 and that death occurred at 7:30 a.m. from the causes and on the date stated above.

SIGNATURE James E. McLean M.D. (Degree or title) ADDRESS 49 Greene St. DATE SIGNED Sept. 2/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 2 52 — NAME OF CEMETERY OR CREMATORY St Patricks Cem — LOCATION (City, town, or county) Cumberland (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 2, 1952 — REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS " "

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 4 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
LENGTH OF STAY (in this place): 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Oak Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
STREET ADDRESS (If rural, give location): 114 Oak Street

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) V. (Last) Smith

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 3, 1899

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Cage

14. MOTHER'S MAIDEN NAME: Anna Willi[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Dorothy E. Robertson, Cumberland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 443X	(a) Cerebro-vascular accident	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardio-vascular disease	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to August 27, 1952, that I last saw the deceased alive on August 24, 1952, and that death occurred at 2 AM m., from the causes and on the date stated above.

SIGNATURE: George M. Simmons (DEGREE OR TITLE) M.D. ADDRESS: Cumberland Md. DATE SIGNED: 8/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 30, 1952

NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Aug. 28, 1952

REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

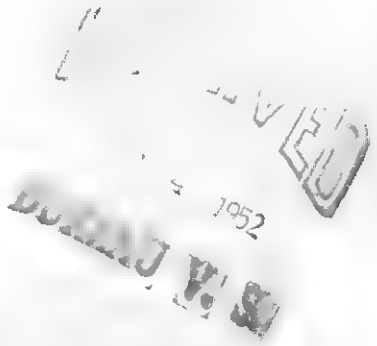
24. FUNERAL DIRECTOR: James F. Scarpelli, Cumberland, ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1



Within Corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

0815?

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland

STREET ADDRESS (If rural, give location): 23 N. Lee St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Snyder

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 22, 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Aug. 22, 1952

9. AGE Last birthday: ____ yrs. IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours 5 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Effie Grace Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Effie Snyder Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Prematurity

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 19 52 to Aug. 22, 19 52 that I last saw the deceased alive on Aug. 22, 19 52 and that death occurred at 5:20 m. from the causes and on the date stated above.

SIGNATURE: [illegible] (DEGREE OR TITLE) M.D. ADDRESS 1 W. Decatur St Cumberland DATE SIGNED Aug. 24, 52

23. BURIAL ☐ CREMATION ☐ REMOVAL ☐ (Specify): Burial

DATE THEREOF: Aug. 24, 1952

NAME OF CEMETERY OR CREMATORY: Zion Memorial Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. Aug. 24, 1952

REGISTRAR'S SIGNATURE: Walter L. Mealy, M.D.

24. FUNERAL DIRECTOR: H. Wayne George ADDRESS: Cumberland, Md.

20822 11200

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
MARYLAND LENGTH OF STAY (in this place): 8/15/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 716 Bedford Street

3. NAME OF DECEASED: (First) Clara (Middle) Bertha (Last) Snyder
4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12/24/75
9. AGE Last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ~~Domestic~~ Own Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph S. Morse
14. MOTHER'S MAIDEN NAME: Eliza Kline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.1

Immediate cause (a) Pulmonary Hypostasis — Interval Between Onset And Death: 1 day.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Myocarditis — ?

DUE TO

(c) Aortic Regurgitation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 3 mos.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1952 to Aug. 27, 1952 that I last saw the deceased alive on Aug 27 1952 and that death occurred at 7:45 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. McLean M.D. ADDRESS: 49 Greene St. DATE SIGNED: 8-28-52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/30/52
NAME OF CEMETERY OR CREMATORY: Damascus Christian Cemetery
LOCATION (City, town, or county) (State): Fulton County Penna.
DATE REC'D BY LOCAL REGISTRAR: Aug. 30, 1952
REGISTRAR'S SIGNATURE: Winter K. Sanks M.D.
24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland, Md.

VS. A15

RECEIVED
SEP 4
BUFFALO V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 70 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 211 Beall St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 211 Beall St.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) (Last) Speicher
4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Dec 27-1870
9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own house work
11. BIRTHPLACE (State or foreign country): Westernport, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Zais
14. MOTHER'S MAIDEN NAME: Phoebe Wolford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Guy Kaye, 209 Beall St. City.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure due to	at once
44 X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis also had	several years
	(c) arteriosclerosis with hypertention.	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Aug. 23-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 26 1952
NAME OF CEMETERY OR CREMATORY: Philos Cemetery
LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: Aug. 25, 1952
REGISTRAR'S SIGNATURE: Walter K. Hartz, M.D.
24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md.
ADDRESS

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 95 Vermont St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 95 Vermont St.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) (Last) Spitznas

4. DATE OF DEATH: (Month) (Day) (Year) 8 - 27 - 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 18 - 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Come Home
11. BIRTHPLACE (State or foreign country): Borden Mines, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher Spitznas
14. MOTHER'S MAIDEN NAME: Rose Shipman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Rose Jeffries, 95 Vermont St Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X Immediate cause (a) Hypertensive Cardio-vascular — INTERVAL BETWEEN ONSET AND DEATH 1/2

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Anal disease. — 3 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1949, to Aug. 27, 1952, that I last saw the deceased alive on 8-27, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE H. C. Diehl (DEGREE OR TITLE) M.D. ADDRESS Frostburg, Md. DATE SIGNED 8-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8-29-1952 — NAME OF CEMETERY OR CREMATORY Frostburg Mem Park — LOCATION (City, town, or county) Frostburg, Md (State)

DATE REC'D BY LOCAL REG. 8-29-52 — REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe — 24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

RECEIVED
SEP 2 1952
BUREAU M. S.

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural, give location) 802 Gephart Drive

3. NAME OF DECEASED: (Type or Print) (First) Sophia (Middle) [illegible] (Last) Trozzo

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 25, 1892

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Molinari Sr.

14. MOTHER'S MAIDEN NAME: Josephine Santelli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-1832

17. INFORMANT & ADDRESS: Frank A. Trozzo 802 Gephart Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardio - renal-Vascular disease — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 years

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 51, to 8-16, 19 52, that I last saw the deceased alive on 8-16, 19 52 and that death occurred at 10:38 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. J. Johnson Jr. M.D. ADDRESS Cumberland, Md. DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-19-52 — NAME OF CEMETERY OR CREMATORY St. Peter and Paul Cem. — LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Aug. 18, 1952 — REGISTRAR'S SIGNATURE Walter R. Beatty, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland, Md.

VS. A15 8-51

RECEIVED
AUG 26 19
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rear of B&O.Y.M.C.A.or D.O.A.at Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: W.Va — COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wiley Ford
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): Harley [redacted] (Junior) W. Tysinger

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 2-1921

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): Strasburg,Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H.Tysinger

14. MOTHER'S MAIDEN NAME: Bertie Scothern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jos.Serna,Cumberland,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia due to	sudden death
260X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland,Md. Aug.17-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug.19,1952 — NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery — LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Aug. 18, 1952 — REGISTRAR'S SIGNATURE: Winter K. Hanby, M.D.

24. FUNERAL DIRECTOR: James E. Scarpelli, — ADDRESS: "

RECEIVED
AUG 26 1952
BUREAU U. S.

DR W. F. WILLIAMS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:

COUNTY ALLEGANY MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND

LENGTH OF STAY (in this place) 34 DAYS

HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WEST VIRGINIA COUNTY GRANT

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CABINS,

STREET ADDRESS (If rural, give location)

✓

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) LEE (Last) WATTS

4. DATE OF DEATH: (Month) (Day) (Year) AUG. 27, 1952 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10/16 / 1916

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months 10 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: GENERAL

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BRANSON WATTS

14. MOTHER'S MAIDEN NAME: BESSIE REEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of colon with metastases

151X

Antecedent cause(s) DUE TO (b) to liver and intestinal obstruction Appr. 1 yr.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 8, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon, liver metastases, Intest Obstruction

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952, to Aug 27, 1952, that I last saw the deceased alive on Aug 27, 1952 and that death occurred at 6:50PM m., from the causes and on the date stated above.

SIGNATURE W M Fawn Jr. (DEGREE OR TITLE) M. D. ADDRESS Cumberland Md. DATE SIGNED Aug 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 8/30/52

NAME OF CEMETERY OR CREMATORY MAYSVILLE Cem.

LOCATION (City, town, or county) (State) Maysville W.Va.

DATE REC'D BY LOCAL REG. Aug. 29, 1952

REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR Earle Bush, Petersburg W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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SEP 4 1952

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 337 Davidson St.,

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WHALLY (Last) WAYS

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 24, 1873
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Ways
14. MOTHER'S MAIDEN NAME: Sally Suter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-24-0976
17. INFORMANT & ADDRESS: Mrs Georgia Mansberry Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 442X	(a)	Hemorrhage of brain (intracranial hemor.)	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardiovascular renal disease	?
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Previous hemorrhages ("strokes") ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Aug 22, 1952, that I last saw the deceased alive on Aug 22, 1952, and that death occurred at 8:55 P.m., from the causes and on the date stated above.

SIGNATURE Danielle B. Weisman (DEGREE OR TITLE) MD ADDRESS 59 Greene St Cumberland Md DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial.
DATE THEREOF 8/25/52
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Aug 25, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

RECEIVED
SEP 4
BUREAU V. S.

DR. RICHARD WILLIAMS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CUMBERLAND,
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
STREET ADDRESS (If rural, give location): 522 BEDFORD STREET

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) Rollo (Last) WELLER

4. DATE OF DEATH: (Month) AUGUST (Day) 25 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MAY 20, 1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Clarene Coal
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: LLOYD WELLER
14. MOTHER'S MAIDEN NAME: RHODA SHOEMAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-4878
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension	1 yr.
	(c) DUE TO —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	Cumberland	Alleg.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
—			M.			

22. I hereby certify that I attended the deceased from 8/10/51, 19..... to 8/25/51, 19....., that I last saw the deceased alive on 8/24/51 19....., and that death occurred at 7:58 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William MD Cumberland 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 27, 1952	Bellevue Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 25, 1952	Walter L. Lantz, M.D.	William H. Kight, Cumberland,

RECEIVED
SEP 4 1952
BUREAU V. S.

Dr. Durrett -
Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 Cecelia Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 324 Cecelia Street

3. NAME OF DECEASED: (Type or Print) (First) Arrena (Middle) Theresa (Last) Wertz

4. DATE OF DEATH: (Month) (Day) (Year) August 26 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 9, 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chaneysville. Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Hezi Kiah Bennett
14. MOTHER'S MAIDEN NAME: Cindy — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Lester Boggs. Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	12 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Myocarditis	6 mo
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1952, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 8/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 28, 1952
NAME OF CEMETERY OR CREMATORY Chaneysville Meth. Cem.
LOCATION (City, town, or county) Chaneysville. (State) Pa.

DATE REC'D BY LOCAL REG. Aug. 28, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

SEP 4 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Cumberland
MARYLAND LENGTH OF STAY (in this place): 4/11/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural give location): 146 Polk Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) W. (Last) White

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 10, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: for Hotel

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Fred Detrick

14. MOTHER'S MAIDEN NAME: Margaret Null

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] DUE TO: Chronic Myocarditis — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: General Arteriosclerosis — ?
(c) Diabetes Mellitus — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952 to Aug. 10, 1952, that I last saw the deceased alive on Aug. 10, 1952 and that death occurred at 9:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. McKean M.D. ADDRESS: 49 Greene St. DATE SIGNED: Aug. 12. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 13. 1952
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county): Cumberland (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 13, 1952
REGISTRAR'S SIGNATURE: Hunter & Beatty M.D.

24. FUNERAL DIRECTOR: John J. Hafer ADDRESS: Cumberland Md.

VS. 115

RECEIVED
AUG 19 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: Allegany
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Lonaconing, R.F.D.1
LENGTH OF STAY (in this place) 10 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural R.F.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing, R.F.D.1
STREET ADDRESS (If rural, give location) Rural R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Wiland

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 20 1870

9. AGE last birthday: 81 yrs.
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if unemployed) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New Germany, Garrett, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter McIntyre

14. MOTHER'S MAIDEN NAME: Ellen Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Bertis Beeman (Daughter) R.F.D.1 Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

170X

Immediate cause (a) Pulmonary failure — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hours.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pulmonary, Liver, Cerebral Metastases. — 6 mos.

DUE TO

(c) Carcinoma of the breast — 3-4 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 July, 1952 to 11 Aug., 1952, that I last saw the deceased alive on 2 Aug., 1952, and that death occurred at 4:55 A.m., from the causes and on the date stated above.

SIGNATURE George Richards Jr. M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED 8/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 13 1952

NAME OF CEMETERY OR CREMATORY New Germany Cemetery

LOCATION (City, town, or county) (State) Garrett County, Md.

DATE REC'D BY LOCAL REG. 8-13-52

REGISTRAR'S SIGNATURE Juanita M. Good

24. FUNERAL DIRECTOR ADDRESS M. Eichhorn Lonaconing, Md.

RE...
AUG 27 19..
BUREAU U. S.

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 20MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPTTAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
STREET ADDRESS (If rural, give location) 117½ ARCH STREET

3. NAME OF DECEASED: (Type or Print) (First) C LARENCE (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year) AUGUST 9, 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 2, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk operator

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.SA.

13. FATHER'S NAME: JOHN FRANCIS WILLIAMS

14. MOTHER'S MAIDEN NAME: MARTHA NEIGHBAUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-1977

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 25 min

420.1 DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 9, 1952, to Aug. 9, 1952, that I last saw the deceased alive on Aug. 9, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE Clay Durrett (DEGREE OR TITLE) M-D ADDRESS Cumberland DATE SIGNED 8/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF -12-52

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Aug. 12, 1952

REGISTRAR'S SIGNATURE Hunter R. Frantz, M.D.

24. FUNERAL DIRECTOR [illegible] Scarpelli Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

AUG 19-5
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

08165

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frostburg Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg; STREET ADDRESS (If rural, give location): 132 Wood St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	John	Williams	Aug.	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	divorced	Sept.26-1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired plumber	Plumbing	Frostburg,Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William G. Williams	Christina Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes,navy W.W.2	214-05-4959	Frostburg.Md. mother-Mrs.Christina D.Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Strangulation due to hanging.	about 10 minutes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	IN Frostburg jail	Frostburg	Allegany	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
about 5 8-14/52 A. m.		Hung himself in jail by his pant belt.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.	Cumberland,Md.	Aug.14-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-16-52	Evg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-16-52	Mrs Nancy N. Rose	J. R. Durst,	Frostburg, Md.

RECEIVED
AUG 19 1
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08166

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, Rural
LENGTH OF STAY (in this place) 86 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3, Bedford Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Cumberland, Rural
STREET ADDRESS (If rural give location) Route 3, Bedford Road

3. NAME OF DECEASED: (Type or Print) (First) Elmira (Middle) (Last) Zembower
4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 5 1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ~~Class Mire~~ Own Home
11. BIRTHPLACE (State or foreign country): Near Cumberland Maryland
12. CITIZEN OF WHAT COUNTRY? Usa
13. FATHER'S NAME: Hiram H. Hardinger
14. MOTHER'S MAIDEN NAME: Hester Ann McElfish
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Theodore K, Zembower Rt 3, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death 10 yrs

422.1 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalize Arteriosclerosis

DUE TO (c) + old age —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) Rt 3 Bedford Rd (COUNTY) Alleg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/15/51, to 8/15/52, that I last saw the deceased alive on 8/15/5, ~~19~~, and that death occurred at 7.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Williams MD ADDRESS Cumberland DATE SIGNED 8/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 18 1952
NAME OF CEMETERY OR CREMATORY Centenary Cemetery
LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 17, 1952
REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1952
BUREAU V. S.